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CONFIRMATION NO. 3549

SERIAL NUMBER 09/879,442	FILING DATE 06/11/2001 RULE	CLASS 530	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. MXI-321CP
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** CONTINUING DATA *****

This application is a CIP of PCT/US99/30393 12/10/1999 ✓ AOK

~~which claims benefit of PCT/US99/30393 12/10/1999~~~~and claims benefit of PCT/US99/30393 12/10/1999~~~~and claims benefit of PCT/US99/30393 12/10/1999~~~~and claims benefit of PCT/US99/30393 12/10/1999~~

PCT/US99/30893 claims benefit of:
 60/111,793 and 60/119,312

This Application claims priority
 to: 60/211,887 and
 60/290,448

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/26/2001

See B.b data sheet 11/4/04 AOK

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>AOK</i>	BELGIUM	23	117	20

ADDRESS

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TITLE

Enzyme-cleavable prodrug compounds

<p>FILING FEE RECEIVED 3946</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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